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CONFIRMATION NO. 9014

SERIAL NUMBER 10/500,391	FILING or 371(c) DATE 09/09/2004 RULE <i>mt</i>	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. 642P002-US
APPLICANTS Sanford Reich, Providence, RI; James E. Sluetz, N. Attleboro, MA; <i>mt</i>				
** CONTINUING DATA ***** This application is a 371 of PCT/US03/00095 01/02/2003 <i>mt</i> which claims benefit of 60/345,089 01/04/2002				
** FOREIGN APPLICATIONS ***** <i>None</i>				
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/MELANIE J HAND/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY RI	SHEETS DRAWINGS 4 <i>mt</i>	TOTAL CLAIMS 16 <i>mt</i>
INDEPENDENT CLAIMS 3 <i>mt</i>				
ADDRESS NIELDS & LEMACK 176 EAST MAIN STREET, SUITE 7 WESTBORO, MA 01581 UNITED STATES				
TITLE Diagnostic algorithms for a csf physiologic controller				
FILING FEE RECEIVED 115	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	